Approved for use through 7/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

Under the Paperwork Re	eduction Act of 1995,	no person are re	quired to r	espond to a collectio				control numbe	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Know						
FEE TRANSMITTAL			Application Number		10/602,875-Conf. #2244				
		Filing Date		June 25, 2003					
For FY 2006			l	First Named Inventor		Masahito Honda			
				Examiner Name	C. A. Hannor	1	_		
Applicant claims sr	Art Unit 2618								
TOTAL AMOUNT OF P	AYMENT (S	\$) 910.00		Attomey Docket	No.	OHT-0018			
METHOD OF PAYMI	ENT (check all th	at apply)							
Check Credi	t Card Mo	oney Order	Non	e Other (please idei	ntify):			
X Deposit Account	Deposit Account Numbe	r: 18-0013 D	eposit Acc	ount Name:	Rader	, Fishman & C	Frauer PLLC		
For the above-id	entified deposit ac	ccount, the Di	rector is	hereby authorize	ed to: (che	ck all that apply	/)		
l —	e(s) indicated belo			<u>—</u>	•	dicated below,	•	e filing fee	
	y additional fee(s) er 37 CFR 1.16 a		ment of	x Credit	any overp	payments			
FEE CALCULATION			ie upor	n filing or may	be subj	ect to a surci	harge.)		
1. BASIC FILING, SEAR	CH, AND EXAM	NATION FEE	S			· · · · · ·			
	FILING		SEA	ARCH FEES	EXAMI	NATION FEE	S		
Application Type		imall Entity	E00 (\$)	Small Entity	Fee (\$)	Small Entity	Fees P	/\$) hic	
Utility	Fee (\$) 300	Fee (\$) 150	Fee (\$) 500	Fee (\$) 250	200	Fee (\$) 100	rees r	aiu (ş)	
· ·	200	100	100	50	130	65			
Design									
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE	S						Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (incl	luding Reissues)						50	25	
Each independent claim	_	Reissues)					200	100	
Multiple dependent clair		,					360	180	
		e (\$)	Fee P	Paid (\$)	N	lultiple Depend			
Total Glains	x	<u>- 167</u>			_	ee (\$)	Fee Paid (\$)	1	
HP = highest number of total		ater than 20.						• _	
Indep. Claims Ext	tra Claims Fe	<u>e (\$)</u>	Fee P	'aid (\$)					
HP = highest number of inde		or, if greater than	1 3.					_	
3. APPLICATION SIZE I									
If the specification and	drawings exceed	100 sheets o	f paper ((excluding electr	onically f	iled sequence of	r computer		
listings under 37 CF sheets or fraction th					or small 6	entity) for each	additional 50		
Total Sheets	Extra Sheets	Number o	of each ac	dditional 50 or frac	tion there	of Fee (\$)	Fee P	aid (\$)	
- 100 =		50		(round up to a who	le number)	x	=		
4. OTHER FEE(S)							<u>Fees F</u>	Paid (\$)	
Non-English Specific	ation, \$130 fee	(no small ent	ity disco	ount)			400		
Other (e.g., late filing	surcharge): 125	of Extension	tor res	sponse within fil inued examinat	rst month	1 =) (see 37		120.00 790.00	
	100	vi Keyuesti	or com	mueu examina	HOLL (VC)	-11300 31	7 90	J.UU	

SUBMITTED BY	1					
Signature	13		Registration No (Attorney/Agent)		Telephone	(202) 955-3750
Name (Print/Type)	David T. Nikaido	BRIAN	DUTTON	47,255	Date	July 18, 2006